

**American Refrigeration
QUALITATIVE FIT TEST REPORT**

Employee's Name: <i>Brian Caron</i>	Date: <i>March 21, 2015</i>
Position: <i>Facilities Manager</i>	Tested By: <i>John Narkin</i>

1.0 RESPIRATOR TYPE

1.1 Full-Face Chemical Cartridge	<input checked="" type="checkbox"/>	1.2 Half-Face Chemical Cartridge	<input type="checkbox"/>
1.3 Self-Contained Breathing Apparatus	<input type="checkbox"/>	1.4 Powered Air-Purifying Respirator (PAPR)	<input type="checkbox"/>

2.0 MODEL

2.1 Make and Model Number: <i>3M 7800 S</i>	2.2 NIOSH Approval Number: <i>TC-</i>
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3.0 EMPLOYEE LIMITATIONS

3.1 Facial Hair	<input type="checkbox"/>	3.2 Glasses	<input type="checkbox"/>
3.3 Dentures	<input type="checkbox"/>	3.4 NO Limitations	<input checked="" type="checkbox"/>
3.5 Explanation:			

4.0 FIT TEST RESULTS

4.1 Satisfactory	<input checked="" type="checkbox"/>	4.2 Unsatisfactory	<input type="checkbox"/>
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5.0 EMPLOYEE COMFORT

5.1 Very Comfortable	<input checked="" type="checkbox"/>	5.2 Comfortable	<input type="checkbox"/>
5.3 Barely Comfortable	<input type="checkbox"/>	5.4 Uncomfortable	<input type="checkbox"/>
5.5 Intolerable	<input type="checkbox"/>		

6.0 COMMENTS

6.1 Explanation: <i>Amyl Acetate</i>

7.0 CERTIFICATION

EMPLOYEE'S STATEMENT: I understand that my use of this respirator must be in accordance with Tanner Industries, Inc. policies, manufacturer's instructions, and applicable OSHA Regulations and Standards.

Employee's Signature: <i>Brian Caron</i>	Date: <i>3-21-15</i>
Tester's Signature: <i>[Signature]</i>	Date: <i>3/21/15</i>